PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUL FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ppropriate. All further on indicated unless corrected maintenance fee notificat	d below or directed oth	g the Patent, advance or erwise in Block 1, by (a	ders and notification of m) specifying a new corresp	pondence address; and/o	or (b) indicating a sepa	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
23599 MILLEN, WHI 2200 CLAREND SUITE 1400		¹²⁰⁰⁶ BRANIGAN, P.C	Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ARLINGTON, V	/A 22201					(Depositor's name)
						(Signature)
						(Dato)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/531,376 04/15/2005 FITLE OF INVENTION: PHOTOSTABLE LIQUID CRYSTALLINE MI			Atsutaka Manabe		MERCK-2996	6526
TITLE OF NAVENTION	THO POSTABLE EIQ		VACA COATA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/27/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS	1		
WU, SHE	AN CHIU	1756	428-001100	J		
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A	ication (or "Fee Address 12 or more recent) attack ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Com	ange of Correspondence "Indication form hed. Use of a Customer A TO BE PRINTED ON tiffed below, no assignee	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Merck Patent GmbH Darmstadt, Germany D-64293 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
5. Change in Entity Sta			☐ b. Applicant is no lor	ocar alaiming SMALL E	NTITY status Qaa 37 ('ER 1 27(a)(2)
	ss SMALL ENTITY stated Publication Fee (if recretords of the United St					the assignee or other party in
Authorized Signature /Harry B. Shubin/			Date March 27, 2007			
Typed or printed name Harry B. Shubin			Registration No. 32,004			
Alexandria, virginia 22.	313-1430.		ion is required to obtain or R 1.14. This collection is exy depending upon the indine Chief Information Offic. COMPLETED FORMS Tespond to a collection of in			nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, ol number.